Applied Management Consultants

151 Brunswick Street
Fredericton
New Brunswick
Canada
E3B 1G7
Telephone (506) 458-8370
Fax (506) 452-7883

# *EXECUTIVE SUMMARY*
## *Evaluation of Bathurst Regionalization Project*
## *Workers' Compensation Board*

*Job # 1596*

*April 28, 1992*

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# 1 Project Objectives

When the Bathurst Regional Office of the Workers' Compensation Board (WCB) opened in July 1990, it was with the following objectives:

- To improve the access to WCB for all injured workers, their dependents, and employers
- For WCB to be part of and have a stake in the community
- To accelerate both the physical and vocational rehabilitation process
- To facilitate the development of needed services in the northern part of the province, including contracting for services.

The overall goal was to provide an improved level of service at an acceptable cost.

An evaluation of the project was projected from the outset. The deliverables specified in the Request for Proposals for the evaluation were:

- To determine whether the regionalization project had any effect on service delivery for the Bathurst Region (quantitative)
- To determine the cost benefit of regionalized services within the parameters of WCB operations (quantitative)
- To determine whether the project had any significant impact on the image of WCB within the Bathurst Region (qualitative).

Assessment of the service delivery approach was also expected, although not stated as an objective.

# 2 Methodology

The project was guided by a Steering Committee.

The information gathering mechanisms used to evaluate the project objectives and the study deliverables included:

- *Comparison of cost and duration of claims*

  Information on all loss of earnings claims closed in 1989 (prior to implementation of the Bathurst Regionalization project) was compared with information on all loss of earnings claims closed in 1990 (the year subsequent to the implementation of the project).

  Claims from the counties served by the Bathurst office were compared with claims from the province excluding Bathurst. Both sets were also compared with claims from the Saint John Region.

- *Service utilization and time interval tracking of sample claims, Bathurst and head office*

  Major claims files closed during 1989 and 1991 from Bathurst and Head Office were randomly selected for review. The total sample was approximately 200.

  The information compared consisted of some basic information on the claimants, information on the WCB services received and the time intervals for service.

- *Key informant survey*

  Prior to implementation of the Bathurst Regionalization Project, WCB had identified key informants in the region and surveyed them on their perceptions of access, process, and provision of services.

  The same list of key informants and the same questionnaire, modified to focus specifically on the Bathurst site, were utilized.

- *Client survey*

  150 claimants were randomly selected for interviews, stratified on the following basis:

  - Bathurst Only: A group which consisted of only those claimants who had received services through the Bathurst office.

  - Saint John Only: A group which consisted of residents from the Bathurst service area who had received the services through the Saint John office of WCB.

  - Both: A group of claimants who had received services through both the Bathurst and Saint John offices of the WCB.

- *Review of Bathurst office operations*

  The Bathurst office operations were reviewed from the perspective of organization and structure, staffing, workload, budget and disbursements, cost per claim, case management, quality management and staff engagement.

# 3 Findings

## 3.1 Objective 1

**Improve access to WCB for all injured workers, their dependents, and employers.**

Access included access to staff by phone, letter, or appointment; physical and geographic access; processing of claims; language access; and access to WCB's own health and rehabilitation services.

From all information sources, the greatest problem with access appears to be the length of time between the injury and receipt of the first compensation cheque. Claims sampling, internal audits, key informants, and the client survey all showed a period of approximately six weeks from injury to receipt of first cheque. The waiting time in Bathurst was no better than at head office.

Another indicator of problems with access was the finding that more than half the clients surveyed who had used the Bathurst office were somewhat or very dissatisfied with being able to reach the right person during their initial contacts with the Bathurst office.

Once the initial access is accomplished, all access indicators showed improvements. The comparison of claims showed improvements in accessing other WCB services in Bathurst compared to Head Office. Key informants and clients reported relatively high levels of satisfaction with the competence and attitudes of staff, provision of information, scheduling of appointments. The Bathurst office was rated considerably higher than the Saint John office along every indicator by clients with experience with both. In particular, physical and language access emerged as major strengths.

Amongst key informants, communications, printed material, and correspondence were the areas with most improvement potential (after initial processing). But overall ratings were good, and improvements were especially noted by employer and injured worker key informants.

## 3.2 Objective 2

**WCB to be part of and have a stake in the community.**

Bathurst staff live in Bathurst and the office does its buying locally as much as possible. Relationships with local employers seem to have become closer since establishment of the office. The office has been an active supporter of organizations such as Big Brothers/Big Sisters, but probably could undertake more such community involvement. Providers of services related to WCB expressed a need for more communication.

## 3.3 Objective 3

**Accelerate both the physical and vocational rehabilitation process.**

The comparison of claims sampled from Bathurst and Head Office for the years prior and subsequent to establishment of the project indicates much progress has been made in achieving this objective. Weeks from injury to referral to medical specialist or Physiotherapy both decreased by over 30% for Bathurst claimants. Weeks from referral until seen by the medical specialist, which the Bathurst office can only attempt to influence, remained stable, but weeks from referral until seen by Physiotherapy (provided directly by the office) decreased dramatically. While weeks from injury to referral to Workers' Rehabilitation Centre did increase slightly, weeks from referral until seen actually decreased for Bathurst claimants. Similar improvements were not found in the head office samplings, indeed the reverse.

While our information gathering could not quantify the variables accounting for the change in Bathurst, it is our view that the most important factor is an enhanced clinical focus. Further development of this clinical focus will yield continued acceleration of the rehabilitative process and reductions in duration of claims.

## 3.4 Objective 4

**Facilitate the development of needed services in the northern region of the province.**

It is clear that the Bathurst project has facilitated development of needed services to injured workers in the northern part of the province. The key informant survey, client survey and comparison of claims showed access was easier, faster, and more convenient. The drop in use of the Workers' Rehabilitation Centre by persons from Bathurst also indicates service is being provided locally.

There may have been an intent in this objective that development of needed rehabilitation services for the general population in the northern part of the province would be facilitated. An effort to negotiate a rehabilitative staff position in the Tracadie hospital was a step in this direction, as well as providing local access to injured workers. The contracting of Physiotherapy services to local clinics helps ensure the viability of those clinics to the general population, although no requirements are set in terms of standards.

Provision of the WCB Physiotherapy Clinic has had some impact on freeing up local hospital Physiotherapy services to the general population, but this is perceived as minor.

The presence of the WCB physician, the Physiotherapy Clinic, and the office itself, together with any educational efforts that are made, could be expected to improve assessment and management of injuries in general. This has not been measured.

## 3.5 Study Key Deliverable 1

**Determine the cost benefit of regionalized services.**

### Administrative Costs

The costs of the traditional components of WCB services, which are claims and vocational rehabilitation services, compare well with those of head office. This does not include the cost of medical or head office administration in either case. The Bathurst analysis does incorporate the cost of its regional administration.

The total operational costs per claim for Bathurst of about $150.00 provide a guide for Head Office and for future projects.

It is our estimate that if total operational costs per claim could be compared, there would be very little difference between Head Office and Bathurst.

The analysis shows that service delivery can be as cost efficient in a decentralised operation as in a centralised operation. The common downfall in decentralization is to add on to the total base of resources.

### Medical Aid Costs

Average medical aid costs per claim and total medical aid disbursements were analyzed.

Average medical aid costs per claim increased much less in Bathurst than in the rest of the province. Average medical assistance payments increased 6% for Bathurst claimants from 1989-1991, 53% in the province excluding Bathurst and 81% for Saint John claimants.

If the increase in the Consumer Price Index is taken into account, real medical aid costs in Bathurst decreased slightly. Prior to the Bathurst project, medical aid costs for Bathurst claimants were higher than the rest of the province, and in 1991 they were lower.

From our claims sampling, we feel the differences are primarily due to differences in medical specialist and Physiotherapy costs. For example, the analysis of sampled claims found use of medical specialists by Head Office claimants increased from 62% to over 80% while it remained steady at about 49% for Bathurst claimants. Use of Physiotherapy was about 80% by Head Office claimants for both years, while it increased from 28% to 47% in the Bathurst claimants.

Total medical aid disbursements from the Bathurst office also show a decrease in 1991 over 1990, while there is a slight increase in the same one year period in the province.

**Benefit Costs**

Average benefit costs per claim and total benefits disbursements were also analyzed.

Average loss of earnings benefits per claim increased in Bathurst from 1989 to 1991, but substantially less than in the province. Average loss of earnings payments increased 23% for Bathurst claimants, 39% for New Brunswick and 48% for Saint John region claimants. Average loss of earnings payments were, however, substantially higher in Bathurst than in the province as a whole in 1989.

The increase in average loss of earnings benefits per claim has been offset by the decrease in actual numbers of major claims, which were greater in Bathurst than the rest of the province. Both loss of earnings total disbursements and vocational rehabilitation total disbursements showed a declining trend in Bathurst from 1990 to 1991 while the provincial figures increased.

## 3.6 Study Key Deliverable 2

**Determine the impact of the project on the image of the WCB in the Bathurst region.**

The image of the WCB in Bathurst regarding initial contacts made by claimants after their injuries has shown no improvement. But in overall terms of travel distance, scheduling of appointments, obtaining information when needed, and being able to reach the required person, a solid majority of clients surveyed perceived Bathurst as being better than Head Office. No difference was perceived in terms of staff response to calls.

Most key informants also were satisfied with the services from the Bathurst office in general, although communication needs were apparent.

## 3.7 Assessment of Service Delivery Approach

The plan for Bathurst included implementing a case management model, where a single case manager handles the client throughout his or her claim, and the various components of the claim are coordinated and planned together.

The case management structure was, however, never formalised. Because of the relatively small size of the Bathurst office, and its informal relationships, coordination and planning of the various components of the claim nevertheless did come about. An important part of the coordination and planning was the direct clinical input and focus due to the presence of clinical staff.

It is our view that the case management system should be defined, focused, and reflected in policies and practices. Only a minority of claims need full case management. Claims should be analyzed to determine the time frame or the type of injuries where case/injury management should be introduced.

## 3.8 Summary of Findings

The Bathurst WCB office has made good progress in achieving most of its specified objectives.

For all performance indicators, the Bathurst office is performing as well as and usually better than Head Office; this includes costs of benefits and medical aid costs.

In terms of costs, service delivery in Bathurst does not appear to cost more than at Head Office on a per claim basis. An initial investment was made but this should have benefited both Bathurst and Head Office, since the proportion of claims decentralised was higher than the proportion of staff.

If changes in costs of claims in Bathurst had parallelled the provincial increases, total WCB costs would have been much higher than currently. However, all costs were higher for Bathurst claimants than for the rest of the province prior to project implementation, and the rest of the province has now caught up to or overtaken the Bathurst levels.

The most dramatic differences in cost changes were with regard to medical assistance payments. This seems to be associated with the increased clinical presence in the Bathurst operations and reinforces the need for an injury management focus in the WCB system, as well as at the Bathurst office and its Physiotherapy Clinic.

The Bathurst office is a viable and valuable asset to the WCB services. Not only is it performing well overall but it provides another base of experience for learning and improving in the rest of the system.

# 4 Recommendations

*Future of the Bathurst Office*

1. *The Bathurst office should be maintained*

2. *The Bathurst office should be utilized as a site for piloting further evaluation of regionalization, such as incorporating implementation of employer assessments into the regional functions.*

*Case Management*

3 *The case management system should be formalized and structured.*

4 *An injury management approach which relates to the frequency and duration patterns of injuries should be implemented.*

5 *The case/injury manager ideally should have some clinical background*

6 *The case/injury manager and in particular the WCB physician should actively promote understanding of injury management in the regional health community.*

7 *Vocational Rehabilitation should be part of the injury management process as soon as it comes into play.*

*Communications and Public Relations*

8 *The Bathurst office should become more actively involved and visible in community events in the three counties it serves.*

9 *The office should develop policies and procedures for providing feedback to all information it receives. Composition time and consistency of presentation would be assisted through basic form letters on the word processors to cover each of the most common needs. These could be individually addressed, adapted and signed.*

10 *Public relations objectives need to be defined, planned for, and responsibility assigned. This would include identification of key public relation target individuals and organizations, and how they would be dealt with.*

11 *All key informants and other interested persons should be provided with feedback on this study in the form of a summary.*

*Internal Operations*

12 *The Bathurst office must develop and enact a plan to improve time from injury to acceptance of claim.*

13 *An annual and biannual workplan needs to be developed with the participation of all staff, which details objectives and time frames.*

14 *The organization and structure of the office needs to be revised once the case management function is clearly defined.*

15 *Individual roles and tasks will also have to be identified and reviewed. What are the role priorities? Which time consuming and relatively unproductive tasks can be reduced?*

*Physiotherapy Clinic*

16 *The Physiotherapy Clinic should initiate the process for becoming accredited*

17 *The Physiotherapy Clinic should participate in the development and piloting of alternative modules for the Physiotherapy management of injuries.*

18 *The Physiotherapy Clinic should provide leadership and guidance in the Physiotherapy treatment of injured workers to other providers of Physiotherapy services in the region served by the Bathurst office.*

19 *Continuing education and administrative support will have to be provided to the Physiotherapy Clinic to enable it to implement these recommendations.*

Applied Management Consultants

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Fredericton
New Brunswick
Canada
E3B 1G7
Telephone (506) 458-8370
Fax (506) 452-7883

# *DRAFT REPORT*
# *Evaluation of Bathurst Regionalization Project*
# *Workers' Compensation Board*

*Job # 1596*

*March 20, 1992*

**FOR IMMEDIATE RELEASE**
**APRIL 27, 1992**

## STUDIES RECOMMEND IMPORTANT DIRECTIONS FOR WORKERS' COMPENSATION BOARD

FREDERICTON(CNB)-- The results of three independent studies will help the Workers' Compensation Board (WCB) encourage industrial competitiveness for New Brunswick while maintaining equitable programs for injured workers. The studies were tabled recently at the WCB's Corporate meeting in Bathurst.

The first study confirmed that regionalization of the Board's operations in the Bathurst area in July 1990 improved access to compensation services in northern New Brunswick.

"Research conducted for us by Applied Management Consultants indicates that regionalization has accelerated the rehabilitative process and is more cost-effective because of local medical management and treatment availability," said John Roushorne, Chairman and Chief Executive Officer of the WCB.

A second study of the Workers' Rehabilitation Centre in Grand Bay indicated a 90 per cent success rate in rehabilitating injured workers for employment. Language accessability at the Centre was rated excellent and operating costs were shown to be comparable to facilities in other provinces.

"Essentially, this study found that without the Workers' Rehabilitation Centre, injured workers could not get adequate services to meet their needs through the public or private sector," explained Roushorne.

A third internal study by the WCB recommends a Case Management System be implemented June 1 as a pilot project in Southern New Brunswick. "The Case Management concept presumes those who administer our programs share the collective focus of returning injured workers to employment. Case Management is designed to deliver more efficient services to clients allowing them to return to work earlier," said Roushorne.

The internal study also recommends the WCB increase its active role in accident prevention and form a concrete partnership with the Occupational Health and Safety Commission.

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"We're providing $55,000 to the Commission's Ergonomics Demonstration program and we're increasing funding to the Back in Action program by $141,000 this year," said Roushorne. "We've also committed $305,000 for the Back in Action program for 1993 and we'll continue to seek initiatives involving safety in the workplace," he added.

The Board has not taken a final position on these studies. "A consultative process with interested parties will be sought" indicated Roushorne.

For further information or copies of summaries of all three studies, please contact:

Victor Morin
Acting Manager, Public Affairs
Workers' Compensation Board
(506)632-2214
(506)634-0511 (fax)

**Diffusion immédiate**
**Le 27 avril 1992**

**Les études contiennent des recommandations importantes pour la Commission des accidents du travail**

FREDERICTON(CNB) -- Les résultats de trois études indépendantes permettront à la Commission des accidents du travail (C.A.T.) d'encourager la concurrence industrielle au Nouveau-Brunswick tout en maintenant des programmes équitables aux travailleurs blessés. Les études ont été déposées récemment à la réunion de la Commission qui a eu lieu à Bathurst.

La première étude a confirmé que les personnes du nord de la province ont un accès plus facile aux services de la Commission par suite de la régionalisation de ses services dans la région de Bathurst depuis juillet 1990.

Selon le Président et Chef de la direction de la Commission, monsieur John Roushorne, l'étude menée par Applied Management Consultants démontre que la régionalisation a accéléré le processus de réadaptation en raison de la gestion médicale sur place et de la disponibilité des traitements.

La deuxième étude a trait au Centre de rééducation professionnelle à Grand Bay. Elle indique que 90 pour cent des travailleurs blessés ont réussi à réintégrer le marché du travail grâce à la réadaptation obtenue au Centre. Les efforts déployés par le Centre en vue d'offrir des services bilingues sont excellents et ses coûts de fonctionnement sont comparables à ceux des établissements d'autres provinces.

Monsieur Roushorne a expliqué qu'essentiellement, sans le Centre, les travailleurs ne pourraient obtenir les services adéquats du secteur public ou privé pour répondre à leurs besoins.

La troisième étude, une étude interne, recommande que la Commission adopte un système de gestion de cas. Un projet pilote englobant le sud de la province sera mis en oeuvre le 1er juin. Monsieur Roushorne a indiqué que selon le concept, les employés qui administrent le programme

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partagent un même objectif, soit le retour au travail du travailleur blessé. Il a ajouté que le concept est conçu de façon à offrir des services plus efficaces aux travailleurs blessés, leur permettant ainsi de retourner au travail plus tôt.

L'étude interne recommande également que la Commission participe plus activement à la prévention des accidents et travaille de plus près avec la Commission de l'hygiène et de la sécurité au travail.

Monsieur Roushorne a signalé que la Commission a accordé 55 000 $ au Projet de démonstrations d'ergonomie et 141 000 $ de plus au programme Colonne en forme cette année. Il a fait remarqué que de plus, la Commission accordera 305 000 $ au programme Colonne en forme en 1993 et continuera à s'intéresser aux initiatives qui permettront de promouvoir la sécurité au travail.

La Commission n'a pas pris de décision définitive sur les études. Selon Monsieur Roushorne, la Commission entreprendra un processus de consultation avec les intéressés.

Pour obtenir de plus amples renseignements ou vous procurer des copies des résumés des trois études, veuillez vous adresser à la personne suivante:

Monsieur Victor Morin
Responsable des affaires publiques par intérim
Commission des accidents du travail
Téléphone: (506) 632-2214
Télécopieur: (506) 634-0511

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Appendix 2 - Comparison of Claims Process - Findings

Appendix 3 - Survey of Key Informants, List of Interviews, Summary of Findings

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Applied Management Consultants

# 1 Introduction

When the Bathurst Regional Office of the Workers' Compensation Board (WCB) opened in July 1990, it was with the following objectives:

- To improve the access to WCB for all injured workers, their dependents, and employers
- For WCB to be part of and have a stake in the community
- To accelerate both the physical and vocational rehabilitation process
- To facilitate the development of needed services in the northern part of the province, including contracting for services.

The overall goal was to provide an improved level of service at an acceptable cost.

An evaluation of the project was projected from the outset. The deliverables specified in the Request for Proposals for the evaluation, which are an extension of the goals and objectives, were:

- To determine whether the regionalization project has had any effect on service delivery for the Bathurst Region (quantitative)
- To determine the cost benefit of regionalized services within the parameters of WCB operations (quantitative)
- To determine whether the project has had any significant impact on the image of WCB within the Bathurst Region (qualitative).

Finally, it was clear from discussions with the Project Steering Committee that assessment of the service delivery approach, while not specified as a study key deliverable, certainly was an attendant objective.

In our pre-report planning document, we presented the findings of several of the information gathering mechanisms used to evaluate the project objectives and the study deliverables. They included:

- Comparison of cost and duration of claims, Bathurst, Saint John and New Brunswick
- Service utilization and time interval tracking of sample claims, Bathurst and head office
- Key informant survey
- Client survey.

At that time, our report on Bathurst office operations was not yet available.

This draft report on the evaluation of the Bathurst regionalization project therefore presents:

- Summary of all findings, with recommendations, in relationship to the project objectives
- Recommendations
- Review of Bathurst office operations (new)
- Findings of other information gathering mechanisms (minor additions and revisions to content of pre-report planning document)

# 2 Summary of Findings and Recommendations

## 2.1 Findings

### 2.1.1 Objective 1

**Improve access to WCB for all injured workers, their dependents, and employers.**

Information on access to WCB was obtained through the key informant survey, client survey, comparison of claims process, and operational review. Access included access to staff, by phone, letter, or appointment; physical and geographic access; processing of claims; language access; access to WCB's own health and rehabilitation services.

From all information sources, the greatest problem with access appears to be the length of time between the injury and receipt of the first compensation cheque. Claims sampling, internal audits, key informants, and the client survey all showed a period of approximately six weeks from injury to receipt of first cheque. The waiting time in Bathurst was no better than at head office.

Six weeks is a long time for a worker to go without a cheque - too long. It is perhaps remarkable that only 52% of clients surveyed expressed themselves as very or somewhat dissatisfied with the length of time involved.

Another indicator of problems with accress was the finding that more than half the clients surveyed who had used the Bathurst office were somewhat or very dissatisfied with being able to reach the right person during their initial contacts with the Bathurst office.

Once the initial access is accomplished, all access indicators showed improvements. The comparison of claims showed improvements in accessing other WCB services in Bathurst compared to Head Office. Key informants and clients reported relatively high levels of satisfaction with the competence and attitudes of staff, provision of information, scheduling of appointments. The Bathurst office was rated considerably higher than the Saint John office along every indicator by clients with experience with both. In particular, physical and language access emerged as major strengths.

Amongst key informants, communications, printed material, and correspondence were the areas with most improvement potential (after initial processing). But overall ratings were good, and improvements were especially noted by employer and injured worker key informants.

### 2.1.2 Objective 2

**WCB to be part of and have a stake in the community.**

Information on this objective was obtained through staff interviews and the survey of key informants.

Bathurst staff live in Bathurst and the office does its buying locally as much as possible. Relationships with local employers seem to have become closer since establishment of the office. There has so far been no organised involvement of the office in community events, and related service providers expressed a need for more communication.

### 2.1.3 Objective 3

**Accelerate both the physical and vocational rehabilitation process.**

The comparison of claims sampled from Bathurst and Head Office for the years prior and subsequent to establishment of the project indicates much progress has been

made in achieving this objective. Weeks from injury to referral to medical specialist or physiotherapy both decreased by over 30%. Weeks from referral until seen by the medical specialist, which the Bathurst office can only attempt to influence, remained stable, but weeks from referral until seen by physiotherapy (provided directly by the office) decreased dramatically. While weeks from injury to referral to WRC did increase slightly, weeks from referral until seen actually decreased for Bathurst claimants. Similar improvements were not found in the head office samplings, indeed the reverse.

While our information gathering could not quantify the variables accounting for the change in Bathurst, it is our view that the most important factor is an enhanced clinical focus. Further development of this clinical focus will yield continued acceleration of the rehabilitative process and reductions in duration of claims.

### 2.1.4 Objective 4

**Facilitate the development of needed services in the northern region of the province.**

Information sources were staff interviews, key informant survey, and client survey. Use of the WRC was also an indicator.

It is clear that the Bathurst project has facilitated development of needed services to injured workers in the northern part of the province. The key informant survey, client survey and comparison of claims showed access was easier, faster, and more convenient. The drop in use of the WRC by persons from Bathurst also indicates service is being provided locally.

There may have been an intent in this objective that development of needed rehabilitation services for the general population in the northern part of the province would be facilitated. The effort to negotiate a rehabilitative staff position in the Tracadie hospital was a step in this direction, as well as providing local access to

injured workers, probably at a better price. This initiative seems to now be in limbo. The contracting of physiotherapy services to local clinics helps ensure the viability of those clinics to the general population. But no requirements are set in terms of standards.

The presence of the WCB physician, the physiotherapy clinic, and the office itself, together with any educational efforts that are made, could be expected to improve assessment and management of injuries in general. This has not been measured.

### 2.1.5 Study Key Deliverable 1

Determine the cost benefit of regionalized services.

#### Administrative Costs

The costs of the traditional components of WCB services, which are claims and vocational rehabilitation services, compare well with those of head office (see Section 3). This does not include the cost of medical or head office administration in either case. The Bathurst analysis does incorporate the cost of its regional administration.

The total operational costs per claim for Bathurst of about $150.00 provide a guide for Head Office and for future projects.

It is our estimate that if total operational costs per claim could be compared, there would be very little difference between Head Office and Bathurst.

This does not necessarily lead to the conclusion that a decentralised operation is as cost efficient as a centralised operation; it depends on what is added to both at the time of implementation. For the Bathurst project, staff were not simply decentralised proportional to volume of claims. Rather, some staff were decentralised and some were added on at Bathurst (thus presumably freeing up staff time at Head Office). Actual operational cost per claim for the province as a whole will therefore have risen.

The analysis does show that service delivery can be as cost efficient in a decentralised operation as in a centralised operation. The common downfall in decentralization is to add on to the total base of resources.

**Medical Aid Costs**

Average medical aid costs per claim and total medical aid disbursements were analyzed (see Sections 3 and 4).

Average medical aid costs per claim increased much less in Bathurst than in the rest of the province. If the increase in the Consumer Price Index is taken into account, real medical aid costs decreased slightly. Prior to the Bathurst project, medical aid costs for Bathurst claimants were higher than the rest of the province, and in 1991 they were lower.

From the information available, we were not able to identify changes in components of medical aid costs. We know use of the WRC went down, but we also know from the total WRC and Medical Aid budgets that the WRC accounts for a relatively small proportion of total medical aid costs. From our claims sampling, we feel the differences are primarily due to differences in medical specialist and physiotherapy costs.

Total medical aid disbursements from the Bathurst office also show a decrease in 1991 over 1990, while there is a slight increase in the same one year period in the province.

**Benefit Costs**

Average benefit costs per claim and total benefits disbursements were also analyzed.

Average loss of earnings benefits per claim increased in Bathurst from 1989 to 1991, but substantially less than in the province.

Loss of earnings total disbursements and vocational rehabilitation total disbursements also showed a declining trend in Bathurst from 1990 to 1991 while the provincial figures increased.

### 2.1.6 Study Key Deliverable 2

**Determine the impact of the project on the image of the WCB in the Bathurst region.**

The image of the WCB in Bathurst was evaluated through the survey of key informants and the client survey (see Sections 6 and 7). The image regarding initial contacts made by claimants after their injuries has shown no improvement. But in overall terms of travel distance, scheduling of appointments, obtaining information when needed, and being able to reach the required person, a solid majority of clients surveyed perceived Bathurst as being better than Head Office. No difference was perceived in terms of staff response to calls.

Most key informants also were satisfied with the services from the Bathurst office in general, although communication needs were apparent.

### 2.1.7 Assessment of Service Delivery Approach

The approach to service delivery in Bathurst was assessed through review of internal documents, and discussions with staff.

The plan for Bathurst included implementing a case management model, where a single case manager handles the client throughout his or her claim, and the various components of the claim are coordinated and planned together.

The case management structure was, however, never formalised. Because of the relatively small size of the Bathurst office, and its informal relationships, coordination and planning of the various components of the claim nevertheless did come about. An important part of the coordination and planning was the direct clinical input and focus due to the presence of clinical staff.

It is our view that the case management system should be defined, focused, and reflected in policies and practices. Only a minority of claims need full case management. As noted in Section 3, claims should be analyzed to determine the time frame or the type of injuries where case/injury management should be introduced.

### 2.1.8 Summary of Findings

The Bathurst WCB office has made progress in achieving most of its specified objectives.

For all performance indicators, the Bathurst office is performing as well as or better than Head Office; this includes costs of benefits and medical aid costs.

In terms of costs, service delivery in Bathurst does not appear to cost more than at Head Office on a per claim basis. An initial investment was made but this should have benefited both Bathurst and Head Office, since the proportion of claims decentralised was higher than the proportion of staff.

If changes in costs of claims in Bathurst had parallelled the provincial increases, total WCB costs would have been much higher than currently. These are reductions in increases, however, not actual cash in hand savings. Furthermore we cannot definitively conclude that these reductions in increases are entirely attributable to the Bathurst project. All costs were higher for Bathurst claimants than for the rest of the province prior to project implementation, and the rest of the province has now caught up to or overtaken the Bathurst levels.

The most dramatic differences in cost changes were with regard to medical assistance payments. This seems to be associated with the increased clinical presence in the Bathurst operations and reinforces the need for an injury management focus in the WCB system, as well as at the Bathurst office and its Physiotherapy Clinic.

The Bathurst office is a viable and valuable asset to the WCB services. Not only is it performing well overall (with some qualifications) but it provides another base of experience for learning and improving in the rest of the system.

## 2.2 Recommendations

1. The Bathurst office should be maintained (it is certainly a pleasure to be able to conclude an evaluation with that recommendation stated with confidence!)

2. Case Management

   2.1 The case management system should be formalized and structured.

   2.2 An injury management approach which relates to the frequency and duration patterns of injuries should be implemented.

   2.3 The case/injury manager ideally should have some clinical background

   2.4 The case/injury manager and in particular the WCB physician should actively promote understanding of injury management in the regional health community.

2.5 Vocational Rehabilitation should be part of the injury management as soon as it comes into play.

3. Communications and Public Relations

3.1 The Bathurst office should become actively involved and visible in community events in the three counties it serves.

3.2 The office should develop policies and procedures for providing feedback to all information it receives. Composition time and consistency of presentation would be assisted through basic form letters on the word processors to cover each of the most common needs. These could be individually addressed, adapted and signed.

3.3 Public relations objectives need to be defined, planned for, and responsibility assigned. This would include identification of key public relation target individuals and organizations, and how they would be dealt with.

3.4 All key informants and other interested persons should be provided with feedback on this study in the form of a summary.

4. Internal operations

4.1 The Bathurst office must develop and enact a plan to improve time from injury to acceptance of claim.

4.2 An annual and biannual workplan needs to be developed with the participation of all staff, which details objectives and time frames.

4.3 The organization and structure of the office needs to be revised once the case management function is clearly defined.

4.4 Individual roles and tasks will also have to be identified and reviewed. What are the role priorities? Which time consuming and relatively unproductive tasks can be reduced?

5. Physiotherapy Clinic

5.1 The Physiotherapy Clinic should initiate the process for becoming accredited

5.2 the Physiotherapy Clinic should participate in the development and piloting of alternative modules for the physiotherapy management of injuries.

5.3 The Physiotherapy Clinic should provide leadership and guidance in the physiotherapy treatment of injured workers to other providers of physiotherapy services in the region served by the Bathurst office.

5.4 Continuing education and administrative support will have to be provided to the Physiotherapy Clinic to enable it to implement these recommendations.

# 3 Bathurst Office Operational Review

## 3.1 General Overview

The Bathurst Regionalization Project was implemented in the summer of 1990, and has thus been operational just over 18 months. Its staffing includes some members who were in the regional office when it provided vocational rehabilitation and information services, some who were transferred from head office, and some new staff.

The mission of the office is "to ensure the delivery of the services of the Workers' Compensation Board to the injured workers, their dependents and the employers of the region in the most effective manner possible, in support of the board's mission".

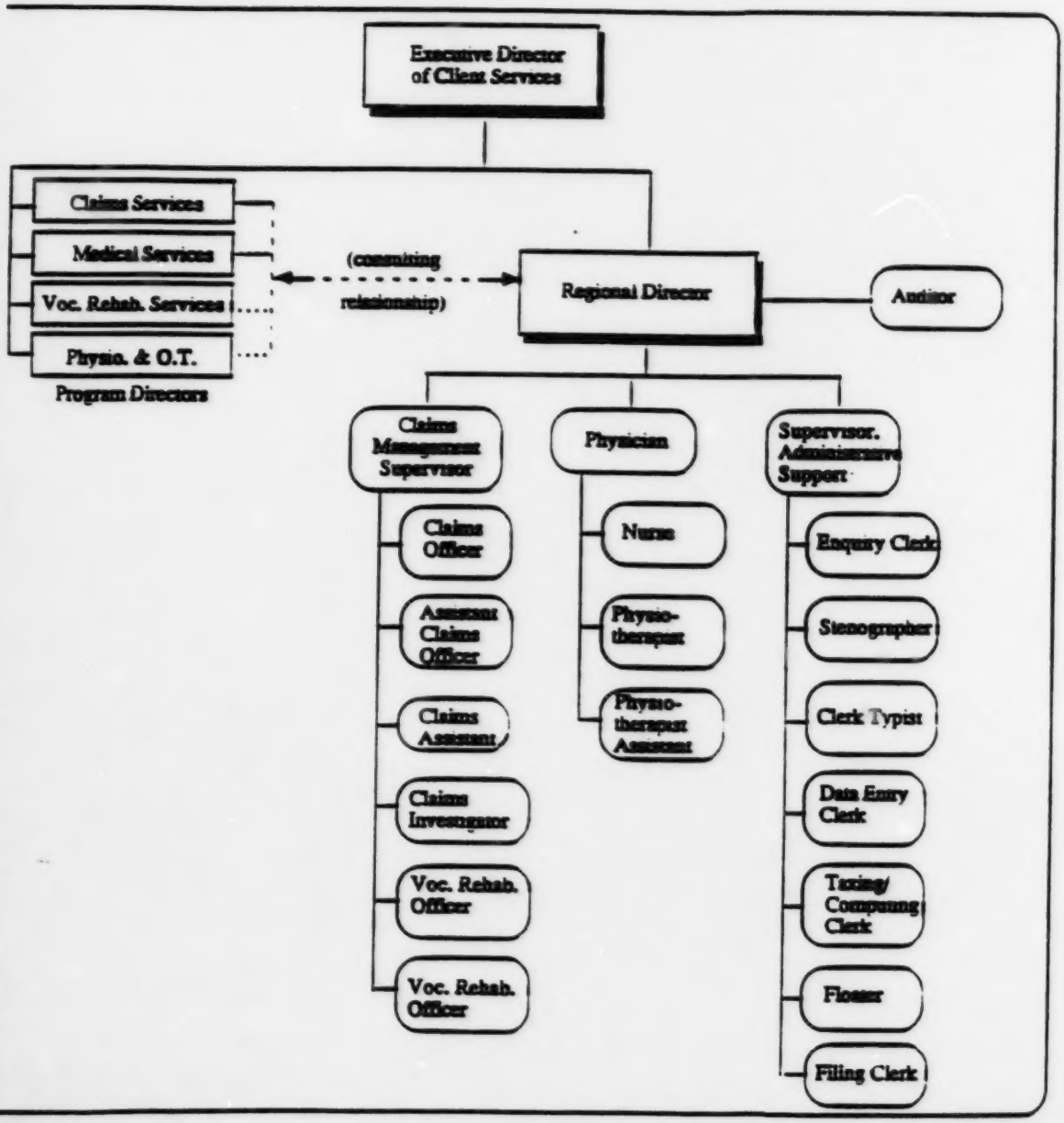
Its major functions are

- Claims processing
- Clinical assessment and intervention
- Claims investigations
- Vocational Rehabilitation
- Information and communication.

## 3.2 Organization and Structure

The organizational chart is attached. The Regional Director reports to the Executive Director of Client Services of the WCB. Head office services maintain a consulting relationship with the Bathurst office, but regional office operations are generally self sufficient.

**BATHURST REGIONAL OFFICE**
**ORGANIZATIONAL CHART**




Applied Management Consultants

## 3.3 Staffing

Staffing amounts to 20 full-time equivalents. Of these, 8 were with the Bathurst WCB office prior to implementation of the project, and 6 were at Head Office.

## 3.4 Workload

Exhibit 1 shows some workload indicators since implementation of the project.

**Exhibit 1**

| | July to Dec 1990 | Jan to June 1991 | % change since inception | July to Dec 1991 | % change since inception | Jan 1992 |
|---|---|---|---|---|---|---|
| Claims created | 4431 | 3248 | (27) | 4383 | (1) | 661 |
| Day Cases | 2030 | 2154 | 6 | 2197 | 8 | 372 |
| Office Visits | 2982 | 4344 | 46 | 4978 | 67 | 976 |
| Telephone calls | 16359 | 17385 | 6 | 17036 | 4 | 3043 |
| Medical Exams | 289 | 508 | 76 | 363 | 26 | 59 |
| Voc. Rehab. Referrals | 95 | 68 | (28) | 60 | (37) | 9 |
| Voc. Rehab. Closures | 90 | 72 | (20) | 73 | (19) | 11 |
| Physical Assessment Cttee. | 16 | 51 | 219 | 41 | 156 | 3 |
| Claims Investigated | 61 | 96 | 57 | 116 | 90 | 32 |
| Appeals | 109 | 148 | 36 | 116 | 6 | 20 |
| Physiotherapy treatments | 925 | 2112 | 128 | 2942 | 218 | 591 |

**Comments**

- Creation of claims in any given month ranges from 483 to 1034; however, the range in number of day cases was only from 319 to 397 in any given month. Range in other indicators is also narrower or can be reasonably attributed to vacation periods and staffing patterns.
- If January 1992 is typical month, workload will increase moderately or stabilise for most indicators with the exception of physiotherapy, whose workload continues to increase rapidly.
- We do not have any basis of comparison for these workload indicators other than the office's own experience. They should be useful as guidance if WCB is developing models similar to Bathurst in other parts of the province.

## 3.5 Budget

### 3.5.1 Total budget

The total budget of the Bathurst Regional Office has been as follows

| | |
|---|---|
| 1991 approved | $1,317,450 |
| 1991 revised | $1,203,185 |
| 1992 approved | $1,299,385 |

This budget includes the cost of the Physiotherapy Clinic.

## 3.6 Comparison of Cost Per Claim, Bathurst and Head Office

A comparison of the cost per claim between Bathurst and head office is fraught with difficulty, due to the major differences in operation. Yet it does provide some perspective and has therefore been included.

### 3.6.1 Operational Cost per Claim at Head Office

The (revised) 1991 budgets of the claims and vocational rehabilitation services of Head Office were identified. The total number of claims created in 1991 in the province, exclusive of Bathurst, were then identified. The sum of the budgets was divided by the number of claims to arrive at an operational cost per claim created.

| | |
|---|---|
| 1991 Claims budget | $2,130,681 |
| 1991 Vocational Rehabilitation budget | $591,832 |
| Total | $2,722,513 |
| Number of claims created exclusive of Bathurst | 29,907 |
| Cost per creation of claim | $91.03 |

### 3.6.2 Operational Cost per Claim at Bathurst

The total revised 1991 budget for the Bathurst office was identified. The cost of the physiotherapy clinic, physician and nurse services were removed. Also removed were components not included in Head Office budgets for Claims and Vocational Rehabilitation Services, such as rent, telephone, and telecommunications. It should be noted that a portion of Bathurst's administrative and clerical costs should be attributed to the physiotherapy, physician and nurse services, but were not removed due to the difficulty in estimating them accurately.

The total number of claims created in Bathurst in 1991 were identified.

The remaining Bathurst budget was divided by the total number of claims created to arrive at a cost per creation of claim.

| | |
|---|---|
| Total 1991 revised budget | $1,203,185 |
| **less** | |
| physiotherapy clinic cost | $118,840 |
| Physician and nurse cost (salaries and benefits) | $175,150 |
| Rent, telephone, telecommunication | $273,300 |
| Vehicles | 82,400 |
| Subtotal | $649,690 |
| Total claims created | 7631 |
| Cost per creation of claim | $85.14 |

### 3.6.3 Comments

Cost per creation of claim for the traditional components of the claims process is thus 6.5% less in Bathurst than at Head Office.

It should be noted, however, that the figure of $85.14 is not a true reflection of the actual operational cost per claim in Bathurst. The actual cost per claim in 1991 was the total budget less **only** the cost of the Physiotherapy Clinic; divided by the number of claims. This comes to $142.10. If Information Systems and other Head Office administration is attributed proportionally to the number of claims (20%), cost per claim would be higher again. We do not know how this compares to actual total cost per claim at Head Office, as we are not sufficiently knowledgeable about Head Office to be able to identify all the components.

The operational cost per claim of $142 (using 1992 budget, will be about $150) should still be useful to WCB as a guide if developing models similar to Bathurst elsewhere; cost estimates and potential sources of redistribution can be identified.

## 3.7 Case Management

When the Bathurst Regionalization Project was implemented, it was with the intent of also implementing a team case management system and to some extent this has been achieved. Clarification is needed on the focus and procedures of "case management". However, does implementation of case management mean that every case will be managed by the team, or selected cases? And is the focus of the team management the **claim**, and its compensation, or the **injury**, and its treatment/ rehabilitation, or the **lost days**, and their reduction? The role, composition and qualifications of the team should be structured according to how these questions are answered.

It appears that the majority of claims management does not require a team. Most claims can be processed on paper,and most claimants either have no lost time or go back to work in a short time. Although improvements can be made in claims processing, they can be made without the addition of a team, and a team might even slow things down further.

A rationale is needed for when the team should step in, and this rationale should be based on a review of claims, and an estimate of the investment of resources needed. For example, if 90% of lost time claims are back at work within 15 working days, then possibly the case/claim/injury should be passed to the team after 15 days. Or, if particular types of injuries are associated with longer loss of earnings days, then these should be referred to injury management at once.

It is our view that an injury management approach is vital to any progress in achieving reductions in cost and duration of claims. Ideally this would have the following characteristics:

- The team manager would have some rehabilitative background; even if this were not the case, all terminology and operations would reflect a focus on the injury and its rehabilitation
- The injury management would be based on modules and standards researched and tested through WCB, logically through the Workers' Rehabilitation Centre staff. Priority for development of modules would be based on an analysis of claims and an identification of those associated with greatest length and cost.
- The team would also be responsible for communicating an injury management approach to the clinical community in the region.
- The team would include a physician with clinical affiliations in the region
- Vocational Rehabilitation would be integrated with the team.

The Bathurst organizational structure shows a group of people headed by a claims management supervisor, a group of clinical people headed by a physician, and a group headed by a supervisor of administrative support. Are these the three teams? In actual fact, there is team action between these three groups, but this appears due more to the relatively small size and informal relationships of the Bathurst office than to defined team management.

## 3.8 Disbursements

Exhibit 2 shows the claims disbursements from the Bathurst office for its first 18 months of operations.

| | July to Dec 1990 | Jan to June 1991 | % change since 1990 | July to Dec 1991 | % change since 1990 | Jan 1992 |
|---|---|---|---|---|---|---|
| Compensation | $4,103,350 | $3,960,329 | (3) | $4,047,921 | (1.4) | $725,059 |
| Rehab | $297,697 | $203,997 | (31) | $330,609 | 11 | $36,036 |
| Med aid | $2,335,363 | $2,260,912 | (3) | $1,836,971 | (17.8) | $447,832 |
| Total | $6,736,410 | $6,425,233 | (4.6) | $6,215,501 | (7.7) | $1,208,927 |

**Comments**

- Total disbursements decreased 7.7% in the most recent six month period compared to the first six month period. The largest decrease was in Medical Assistance payments.
- In contrast, the WCB Head Office productivity reports for all three units for the 12 months of 1991 show an overall increase of 1.7% in total claims disbursements. The biggest increase was in Vocational Rehabilitation payments.
- If actual 1990 dollars were compared, the decrease in Bathurst would be even larger and Head Office would also show a decrease.
- This is consistent with the findings of Section 4 that over the somewhat longer period between 1989 and 1991, numbers of claims decreased but cost per claim increased. Bathurst showed a much lower increase in cost per claim than the province over that period, and if actual 1989 dollars were compared, the increase was very moderate.

## 3.9 Quality Assurance

### 3.9.1 Office Annual Workplan

The Bathurst office has developed a 1992 workplan, and this includes as its first objective "case management; define operating policies and procedures". The workplan needs to be further detailed and address some of the other objectives of the Bathurst Regionalization Project.

### 3.9.2 Audits

The Bathurst office has carried out a number of audits, mostly relating to administrative procedures. The findings of this study indicate areas where audits could focus once action plans have been mapped out.

### 3.9.3 Physiotherapy Clinic

The Physiotherapy Clinic appears well equipped, is providing a high volume of service, and seems to use its staff (a physiotherapist and assistant) well in terms of productivity. However, there does not seem to be a clear rationale for why physio is provided to some injured workers at the clinic versus private physio versus in hospitals. Is the clinic, as the provider with the most expertise in worker injuries, attempting to zero in on injuries of longest duration or greatest frequency? Have these been identified?

Information gathered by the Physiotherapy Clinic relates to individual clients, with very little to show a profile of the nature of the service and its effectiveness.

It is unreasonable to expect such a small operation to develop standards of service provision on its own. Logically, these should be developed by or in partnership with the Workers' Rehabilitation Centre. However, the experience of the Bathurst clinic is important in developing those standards. Pilot research projects focusing on

particular types of injuries and alternative interventions (intensity, frequency, site, equipment) should be initiated as soon as possible. The continuing education of the physiotherapy staff should be directed towards preparing them for this.

## 3.10 Staff Engagement

Assessments of staff engagement are admittedly rather soft in nature. Yet some understanding of staff engagement is important when considering recommendations.

In the case of the Bathurst office, the regional director appears to have a very good understanding of operations and good relationships with staff. Staff appear to enjoy their work; they feel they are on the right track (even though the track itself needs more definition!) and are ready to undertake whatever is required to continue to improve. There is a sense of team, which will be enhanced as team members, whether claims, clinical or administrative, continue to be given greater responsibility and accountability for the implementation of each of their roles. But the project is still young, the constant development while challenging is also unsettling and more nurturing is needed than by an organization going through a period of stability. Another reason for doing a detailed workplan is in order to clarify expectations over a defined period of time.

## 3.11 Conclusions

- Bathurst office operations appear to be sound financially, and compare well with those of head office for traditional claims processing
- The focus of the case management system needs to be defined and policies and procedures developed accordingly
- The clinical services, including those of the physiotherapy clinic, need to be more consciously and directly tied to the nature of workers' injuries in the region: to accomplish this more clinical information is needed, as well as clinical and research leadership/guidance/instruction.
- A detailed annual workplan needs to be developed, which might best be accomplished through a retreat involving all staff (there are options for accomplishing this).

# 4 Comparison of Cost and Duration of Claims, Pre and Post Implementation

## 4.1 Goal

The goal of the comparison of claims was to determine whether implementation of the Bathurst regional Office was associated with reduced costs in benefits.

## 4.2 Methodology

Information on all loss of earnings claims closed in 1989 (prior to implementation of the Bathurst Regionalization project) was compared with information on all loss of earnings claims closed in 1990 (the year subsequent to the implementation of the project).

Information was obtained through the WCB Information Technology Department on costs and duration of claims, medical aid costs, numbers of EEL claims. Some basic information on the claimants was also obtained to assist in determining whether any changes in cost profiles might be due to changes in the claimants rather than the impact of the Bathurst project. This included gender, type of industry, years since injury. Age was requested by the fields turned out to be empty.

Finally the county of residence of the claimants was obtained. Claims from the counties served by the Bathurst office were compared with claims from the province excluding Bathurst. Both sets were also compared with claims from the Saint John Region, to assist in identifying whether any differences might be attributable simply to geographic proximity with claimants, or whether they were attributable to different means of operating in the Bathurst office.

The Bathurst region was considered the counties of Gloucester, Northumberland, and Restigouche. The Saint John Region was considered the counties of Saint John, Charlotte, Queen's, and King's. The New Brunswick group included all claims except those from Bathurst.

- Data was analyzed using Statistical Package for the Social Services (SPSS) with the assistance of Baseline Market Research.

## 4.3 Findings

The major findings are summarised in Exhibits 3 - 11.

### 4.3.1 Numbers of Major Claims (Exhibit 3)

Numbers of major claims decreased in all three study populations over the two years studied. The largest decrease, 10.6%, was in the Bathurst region. The smallest decrease was in the Saint John region (1.4%).

### 4.3.2 Claimant Characteristics

Exhibit 4 shows the gender distribution of major claims in the study populations. The ratio of males to females decreased slightly in all cases. In both Bathurst and Saint John, while the total numbers of major claims decreased over the study period, numbers of female major claims increased, as much as 25% in Bathurst.

Exhibit 5 shows the distribution of major claims by year of injury in the study groups. In all groups, the two years immediately prior to the study year accounted for over 90% of the major claims closed during that year. The proportion of injuries occurring immediately prior to the study year did decrease somewhat over the study period, perhaps in association with the reduced numbers of claims.

Exhibit 3 - Number of Major Claims By Region, 1989 and 1991

**Exhibit 3**

**Number of Major Claims By Region**

**1989 and 1991**

| Region | 1989 | 1991 | % Change |
|---|---|---|---|
| Bathurst | 2,318 | 2,068 | (10.6) |
| New Brunswick | 9,837 | 9,011 | ( 8.4) |
| Saint John | 4,382 | 4,321 | ( 1.4) |

Exhibit 4 - Major Claims By Region and Gender, 1989 and 1991

**Exhibit 4**

**Major Claims by Region and Gender**

**1989 and 1991**

| Region | Gender | 1989 | | 1991 | |
|---|---|---|---|---|---|
| | | No. | % | No. | % |
| Bathurst | Male | 1,833 | 79.1 | 1,562 | 75.4 |
| | Female | 460 | 19.8 | 503 | 24.3 |
| | Missing | 25 | 1.1 | 7 | 0.3 |
| | **Total** | **2,318** | **100.0** | **2,072** | **100.0** |
| New Brunswick | Male | 7,751 | 78.8 | 6,895 | 76.7 |
| | Female | 1,858 | 18.9 | 1,834 | 20.4 |
| | Missing | 228 | 2.3 | 264 | 2.9 |
| | **Total** | **9,837** | **100.0** | **9,011** | **100.0** |
| Saint John | Male | 3,474 | 81.0 | 3,418 | 80.4 |
| | Female | 811 | 19.0 | 832 | 19.6 |
| | Missing | N/A | 0.0 | N/A | 0.0 |
| | **Total** | **4,285** | **100.0** | **4,250** | **100.0** |

Exhibit 5 - Distribution of Major Claims By Year of Injury, 1989 and 1991

**Exhibit 5**

**Distribution of Major Claims**

**By Year of Injury**

**1989 and 1991**

| Year of Injury | Bathurst | | | | New Brunswick | | | |
|---|---|---|---|---|---|---|---|---|
| | 1989 | | 1991 | | 1989 | | 1991 | |
| | No. | % | No. | % | No. | % | No. | % |
| <1986 | | 2.1 | | 1.0 | | 1.4 | | 0.7 |
| 1986-88 | | 22.0 | | 2.7 | | 19.8 | | 2.2 |
| 1989 | | 75.9 | | 2.9 | | 78.9 | | 2.5 |
| 1990 | | | | 22.4 | | | | 18.1 |
| 1991 | | | | 71.0 | | | | 76.5 |
| **Totals** | **2,318** | **100.0** | **2,072** | **100.0** | **9,837** | **100.0** | **9,011** | **100.0** |

### 4.3.3 Loss of Earnings Payments and Loss of Earnings Days

Exhibits 6 and 7 show the average loss of earnings payments and loss of earnings days for the study period for the populations of interest.

The average loss of earnings payments increased substantially in all of the three study groups. The increase was largest for Saint John claims (48%) and least for Bathurst claims (23%). The increase was notably higher for male claimants than females.

The average loss of earnings payments were higher for Bathurst claimants than for the province and for Saint John in 1989. Average payments in Saint John increased so much over the study period, however, that by 1991, they were almost as high as those from Bathurst.

Average loss of earnings payments of female claimants from Bathurst were by 1991 almost identical to those of females for the province as a whole.

The average days loss of pay also increased in each of the regions. Again, the increase was highest for the Saint John claimants (34.6%) and least for the Bathurst claimants (5.8%). The increase was higher for males than females, and in the case of female claims from Bathurst, days loss of pay actually decreased.

Consistent with average loss earnings payments, days loss of pay were higher for claims from Bathurst than from the province or Saint John. Again, Saint John claims had nearly caught up by 1991.

Days loss of pay for female claimants from Bathurst by 1991 were less than for the province as a whole.

Exhibit 6 - Loss of Earnings Payments By Region and Gender, 1989 and 1991

**Exhibit 6**

**Loss of Earnings Payments**

**By Region and Gender**

**1989 and 1991**

| Region | Gender | 1989 Mean $ | 1991 Mean $ | % Change |
|---|---|---|---|---|
| Bathurst | Male | 1,714 | 2,262 | 31 |
| | Female | 1,338 | 1,423 | 6 |
| | Male & Female | 1,675 | 2,060 | 23 |
| New Brunswick | Male | 1,296 | 1,862 | 44 |
| | Female | 1,199 | 1,422 | 19 |
| | Male & Female | 1,272 | 1,760 | 38 |
| Saint John | Male & Female | 1,308 | 1,942 | 48 |

Exhibit 7 - Mean Days Loss of Payments By Region and Gender, 1989 and 1991

**Exhibit 7**

**Mean Days Loss of Payments**

**By Region and Gender**

**1989 and 1991**

| Region | Gender | 1989 | 1991 | % Change |
|---|---|---|---|---|
| Bathurst | Male | 26.7 | 30.5 | 14.2 |
| | Female | 28.0 | 25.7 | (8.2) |
| | Male & Female | 27.4 | 29.0 | 5.8 |
| New Brunswick | Male | 21.0 | 26.8 | 27.6 |
| | Female | 24.6 | 27.7 | 12.6 |
| | Male & Female | 21.6 | 26.9 | 24.5 |
| Saint John | Male & Female | 21.1 | 28.4 | 34.6 |

Between 1989 and 1991, the Consumer Price Index (CPI) was 11.4%. If the effect is removed, the increase in average loss of earnings payments is much more consistent with the increase in average loss of day, indicating that real cost per day was fairly stable. See exhibit 8

### 4.3.4 Vocational Rehabilitation Payments and Duration

Data was obtained on numbers, duration and amounts of Vocational Rehabilitation claims closed during the study years, but was found to be unreliable.

For example, the data indicated 16 Vocational Rehabilitation claims closed in Bathurst in 1991, whereas Bathurst statistics show 145. Similarly, our data showed 238 Vocational Rehabilitation claims closed in the province exclusive of Bathurst in 1991, and this is know to be too low.

These reports were, therefore, eliminated, but will be replaced if information can be obtained through other sources.

### 4.3.5 Extended Earnings Loss Claims

The numbers and proportion of Extended Earnings Claims are shown in Exhibit 9.

In Bathurst, both raw numbers of EEL claims, and EEL claims as a proportion of total claims decreased markedly (42% and 35%). In the province as a whole, both increased moderately (5% and 14%).

Exhibit 8 - % Change Between Average Loss of Earnings Payments (1989 $) and Average Loss of Earnings Days, 1989 and 1991

**Exhibit 8**

**% Change Between Average Loss of Earnings Payments (1989 $) and Average Loss of Earnings Days**

| | Payment Change | Days Change |
|---|---|---|
| Bathurst | 12% | 6% |
| New Brunswick | 27% | 25% |
| Saint John | 37% | 35% |

Exhibit 9 - Numbers and Proportion of Extended Earnings Loss Claims

**Exhibit 9**

**Numbers and Proportion of**

**Extended Earnings Loss Claims**

| | 1989 | 1991 | % Change |
|---|---|---|---|
| *Bathurst* | | | |
| No. EEL Claims | 308 | 179 | (42) |
| Proportion of Total Claims | 13.3% | 8.6% | (35) |
| *New Brunswick* | | | |
| No. EEL Claims | 1,087 | 1,142 | 5 |
| Proportion of Total Claims | 11.1% | 12.7% | 14 |

### 4.3.6 Medical Assistance Payments

Exhibit 10 presents the average medical assistance payments per major claim by region and sex.

Average medical assistance payments increased in each of the three regions over the study period. However, the increase was much less in Bathurst than elsewhere (6% versus 53% for the province versus 81% for Saint John). In Bathurst average medical assistance payments decreased for female claims. In 1989 average medical assistance costs were 29% higher for Bathurst claims than for the province as a whole. By 1991 average provincial medical aid costs were 12% higher than for the Bathurst region.

We were unable to obtain any type of breakdown of the medical aid costs.. However, it seems likely that these large differences are partly attributable to less use of private and hospital services, in particular physiotherapy services, in the Bathurst region.

### 4.3.7 Use of Workers' Rehabilitation Centre

Because it appeared that use of the Workers' Rehabilitation Centre was collected on the Claims Information System, we made an effort to analyze it. However, it was clear the information was incomplete. Exhibit 11 shows use of the Workers' Rehabilitation Centre collected through the Centre itself.

Use of the Workers' Rehabilitation Centre by injured workers from Bathurst decreased 53% between 1989 and 1991. Whereas 21% of major claims used the Workers' Rehabilitation Centre in 1989, this was reduced to 11.2% by 1991.

In contrast, 15% of major claims in the province (exclusive of Bathurst) used the Workers' Rehabilitation Centre in 1989 and by 1991 this had risen to 24%. Aside from the implications in terms of the value of the Bathurst office, this suggests a need for triaging at the Workers' Rehabilitation Centre.

Exhibit 10 - Medical Assistance Payments

**Exhibit 10**

**Medical Assistance**

**Payments**

| Mean Medical Assistance Payment | 1989 | 1991 | % Change |
|---|---|---|---|
| *Bathurst* | | | |
| Males | $814 | $ 954 | 17 |
| Females | 905 | 707 | (22) |
| All | 843 | 894 | 6 |
| *New Brunswick* | | | |
| Males | $644 | $1,026 | 59 |
| Females | 707 | 963 | 36 |
| All | 655 | 1,003 | 53 |
| *Saint John* | | | |
| All | $636 | $1,150 | 81 |

Exhibit 11 - Use of Workers' Rehabilitation Centre, Bathurst and New Brunswick, 1986 - 1991

**Exhibit 11**

**Use of Workers' Rehabilitation Centre**

**Bathurst and New Brunswick**

**1986 - 1991**

| | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 |
|---|---|---|---|---|---|---|
| WRC Total Admissions | 1,976 | 2,132 | 2,301 | 2,299 | 2,294 | 2,374 |
| Admissions by Counties<br>Bathurst Regional Office | | | | | | |
| Gloucester | 232 | 212 | 231 | 191 | 180 | 84 |
| Northumberland | 110 | 117 | 145 | 146 | 120 | 91 |
| Restigouche | 138 | 111 | 121 | 158 | 112 | 57 |
| Total | 480 | 440 | 497 | 495 | 412 | 232 |
| % of Total Admissions | 24.3% | 20.6% | 21.6% | 21.5% | 18.0% | 9.8% |

## 4.4 Conclusions

1. The analysis of duration and costs of claims indicates positive changes for claims from the Bathurst region since implementation of the regionalization project.

2. The positive changes in the duration and costs of claims from the Bathurst region do not appear to be solely attributable to geographic proximity of the office to the claimants, although that may have other positive impacts. Trends in duration and costs of claims from the Saint John region, where head office is located, compare poorly to those of claims from the Bathurst region.

3. Differences in duration and costs of claims must be attributable to differences in means of providing the services, both clinical and administrative.

# 5 Comparison of Claims Process and Service Utilization, Bathurst Office and New Brunswick, Pre and Post Implementation

## 5.1 Introduction

Two objectives of the implementation of the Bathurst Regional office were to accelerate both the physical and vocational rehabilitation processes, and to improve service delivery in general.

Acceleration of the physical and vocational rehabilitation process is important because it is recognised that earlier appropriate intervention is associated with earlier and more complete rehabilitation, therefore earlier return to work and shorter duration of benefits. Improved service delivery is an ever present goal of an organization as costly and with as broad a base of stakeholders as the Workers' Compensation Board.

Changes in duration and cost of benefits were examined through a total claims analysis (Section 2). Service delivery is addressed through the key informant and client surveys (Sections 4 and 5).

One aspect of service delivery, however, is timeliness of processing of claims. This analysis includes an examination of claim processing time as well as utilization of physical and vocational rehabilitation services.

## 5.2 Goal

The goal of the comparison of claims was to assess whether claims processing, and physical and vocational rehabilitation processing for claims from the Bathurst region, showed a positive change relative to the rest of the province, since the implementation of the Bathurst office.

## 5.3 Methodology

In our evaluation assessment we found that time intervals between steps of the claims process are not tracked in the claims information system. The claims information system shows what kind of payments were made (e.g. Medical, Earnings Loss, Vocational Rehabilitation), and how much. Medical, however, may include everything from a hospitalisation to specialist examination to physiotherapy either in a hospital or in a clinic, to a stay at the Workers' Rehabilitation Centre. It is impossible to determine exactly what steps were taken, their sequence, or the time intervals between.

We therefore drew a random sample of approximately 50 major claims files closed or awarded Extended Earnings (EEL's) during 1989 and 1991 from each of the Bathurst and Saint John Offices, to be individually reviewed. The total sample therefore was approximately 200 (in fact, 201). At least 10% of each sample w[illegible] to have been EEL claims and at least 10% were to have received vocational rehabilitation. Sampling continued until these proportions were achieved.

Major claims (claims with lost time) were chosen because they are the most expensive to the system, although they constitute only about 20% of claims.

The years 1989 and 1991 were chosen because they were the years prior and subsequent to the opening of the Bathurst office.

Closed claims were chosen because they would all have the same status;the probability of distortions due to claims being in different steps of the process was reduced.

Claims for which a decision to award EEL had been made were chosen because they are expensive, and because the decision marks the end of a process. 10% appeared fairly representative of their proportion of total claims.

Claims which had received vocational rehabilitation were chosen because they also are usually longer term expensive claims and the general effectiveness of the current vocational rehabilitation policies is under question. 10% may be an over-representation of the proportion of major claims that do receive some vocational rehabilitation payment.

A sample size of 200 was chosen because it was felt to be the most reasonable for the time and effort involved in manually extracting the required information.

The information collected consisted of some basic information on the claimants, in order to assess their representativeness of the claimant population, and information on the WCB services received and the time intervals between steps. In the case of a claimant having received the same service more than once (e.g. went to the WRC three times), information on time intervals was collected for the first use only, as acceleration of the process was the issue of interest.

Data collection, coding and compilation instruments were prepared in advance. The data collection instruments were forwarded to the two sites and discussed with the respective claims departments. The data collection instrument is attached in Appendix 1.

Each site provided excellent collaboration and assistance to the consultant in extracting and compiling the information.

## 5.4 Findings

As we reviewed files, we noticed that those accepted for EEL were often of very long duration. They had been open a long time, or they might have been opened years earlier, closed and reopened several times, before a decision was made. The majority closed in 1991 appeared to have been first initiated prior to the opening of the Bathurst office. Their inclusion in the analysis might therefore mask differences due to the implementation of the Bathurst project. Thus we decided to analyze them separately.

In the case of claims opened and closed more than once, whether EEL or not, we recorded the claims information from the most recent opening. If the claim had been closed and then reopened within two weeks, we treated it as one claim for the purposes of the study.

### 5.4.1 Claimant Populations

Exhibits 12 to 23 in Appendix 2 present the comparison of lost time claims sampled exclusive of EEL claims.

It should be noted that the 1991 sampling from Head Office had the highest proportion of claimants who had received vocational rehabilitation (33%), as this may influence its profile.

### Age and Sex

Average age was between 35 and 40 for each of the four sample groups. In both the Head Office and Bathurst sampling and average age was slightly higher in 1991 than 1989.

The proportion of males ranged from 69% to 80%. In Head Office, the proportion of males increased between the two study years, while it remained consistent in Bathurst. The gender distribution in the Bathurst samplings is consistent with gender distribution for all lost time claims for that region in the two years (see Exhibit 4).

### County of Claimant Residence

The counties with the highest proportion of claimants in the Head Office samplings were, in order of frequency, Saint John, Westmorland, and York, for both study years. This is consistent with the geographic distribution of lost time claims for the province during those two years.

In the Bathurst samplings, Gloucester accounted for half the claimants from both years. Again this is consistent with the distribution of total claims from that region in the two years.

### Industry Where Claimants were Employed

In the Head Office samplings, the industries with the greatest numbers of claimants tended to be construction (which included shipyards), transportation and storage, health and social services, and manufacturing. These were also the industries with the greatest numbers of claimants in the total claimant data base. However, health and social services claimants were somewhat over-represented in the 1989 Head Office sampling.

In the Bathurst samplings, health and social services, logging and forestry, and mining accounted for the greatest numbers of claimants. This is consistent with their representation in the total claimant populations for the two study years.

**Summary - Claimant Profiles**

The profiles of the claimants sampled for the comparison of claims process is very similar to the actual profiles of the claimants from the populations being studied. This gives us considerable confidence in the validity of the comparison of the claims process, as we have been given no reason to think our samples are not representative of the study populations.

### 5.4.2 Claims Process

**Time from Injury to Acceptance of Claim**

Average number of calendar days from injury to acceptance of claim ranged from 33 in 1989 in the Head Office site to 42 in 1991 in the Bathurst site. At both sites, it increased between the two study years.

This seems long. However, the 1989 information from the Head Office site is quite consistent with the findings of a sampling of 1990 claims conducted last summer, which found time of injury to acceptance of claim ranged from 13 to 23 working days (21 to 33 calendar days). The Bathurst information is also fairly consistent with an internal audit conducted by that office.

**Use of Physician Specialist**

The first use of any medical specialist subsequent to medical aid received at the time of injury was tracked.

The Head Office samplings were more likely to have used a medical specialist than the Bathurst samplings. Use of medical specialist remained steady at 49% in the Bathurst samplings over the two years, and increased in the Head Office samplings to over 80%.

Weeks from injury to referral remained stable at about 7 weeks for the Head Office samplings. Weeks from injury to referral in the Bathurst samplings was almost halved from 8 to 4.5.

Weeks from referral until seen was fairly stable in both groups, about 4 weeks. However, there was a slight increase in the period for the Head Office sampling, and a slight decrease for the Bathurst.

**Use of Physiotherapy**

Use of physiotherapy was much higher in the Head Office samplings, about 80% for both years. Use of physiotherapy increased from 28% to 47% from 1989 to 1991 in the Bathurst sampling.

The average number of weeks from injury to referral for physiotherapy increased in the Head Office claimants from 6.4 to 7.7, while it decreased in the Bathurst claimants from 9 to 6 in the study period.

The average number of weeks from referral until seen remained steady at about 4 in the Head Office claimants, and decreased from 9 to 3 in the Bathurst claimants.

Thus in the 1991 samplings, the average number of weeks from injury until seen was about 12 weeks for the Head Office claimants, and 9 weeks for the Bathurst claimants. This should be compared to any available standards for initiation of physiotherapy after injury.

**Use of Other Medical Services**

Use of other medical services such as psychologists, occupational therapists, and even chiropractors, was negligible. Only 6 claimants in the whole 200 cases used chiropractors. When they did use them, however, both referral and treatment were fast (two weeks maximum).

The Bathurst samplings tracked more use of Diagnostic tests and the Head Office samplings more use of Other Special Medical Aid. This is attributed to interpretation on the part of the samplers. The time from injury to referral for a diagnostic test decreased from 14.5 to 7 weeks in the Bathurst groups.

**Use of Workers' Rehabilitation Centre**

The proportion of claimants using the Workers' Rehabilitation Centre increased from 40% to 62% in the Head Office groups. This may be partly due to the relatively large number of Vocational rehabilitation claimants in the 1991 group.

In the Bathurst samplings, use of the WRC decreased from 31% to 13% in the two study years.

Average number of weeks from injury to referral increased from 13 to 17 in the Head Office claimants and from 15 to 16.7 in the Bathurst claimants.

However time from referral until seen increased from 6 to 7.7 weeks in the Head Office groups, and decreased from 5 to 4.3 weeks in the Bathurst groups.

Total time from injury until seen at WRC for the Bathurst sampling in 1991 was still 21 weeks, or five months. For the Head Office samplings it was even higher.

**Use of Vocational Rehabilitation**

The numbers of claims tracked which included vocational rehabilitation was small (from 7 to 15 in the study groups) and findings must be regarded with caution (Exhibit 17 to 22). For all groups the time from acceptance of the claim until referral for vocational rehabilitation was long, the shortest being 28 weeks. The time did decrease in the Bathurst samplings, while it increased in the Head Office samplings. The average days from referral to contact with the worker also decreased in the Bathurst samplings.

Numbers using particular types of vocational rehabilitation were too small to attempt to identify any trends.

## 5.5 Conclusions

1. The length of time for acceptance of a claim (and issuing a cheque) appears, by any standard, too long and does not seem any better in Bathurst.

2. Time intervals for other steps of the process have shown noticeable improvement in Bathurst.

3. Higher use of medical assistance by claims for the province as a whole compared to claims from Bathurst is consistent with the findings on Medical Aid costs in Section 2.

# 6 Survey of Key Informants

## 6.1 Goal

The goal of the survey of key informants was to determine the impact of implementation of the Bathurst Regionalization Project on the image of the WCB within the Bathurst region. The survey focused on the perceptions of key informants regarding accomplishment of the following project objectives:

- To improve the access to WCB for injured workers, their dependents and employers
- To accelerate the physical and vocational rehabilitation processes
- To facilitate the development of needed services in the northern part of the province

## 6.2 Methodology

Prior to implementation of the Bathurst Regionalization Project, WCB had identified key informants in the region and surveyed them on their perceptions of access, process, and provision of services. The intent at that time was to resurvey as part of project evaluation.

Accordingly, we used the same list of key informants (replacing where changes in position had occurred). We also used the same questionnaire, modified to focus specifically on the Bathurst site. While the first survey was carried out through personal interviews, however, we felt its structured format lent itself well to telephone interviews.

Key informants were contacted by telephone, and telephone appointments were set up for the actual interviews. The interview guides were sent to them in advance. Following the interview, thank you letters were also sent.

All interviews were conducted by the same project officer, who was fully bilingual. All survey materials were available in both French and English.

A total of 23 key informants were interviewed, listed in Appendix 3.

## 6.3 Findings

The responses to the survey are presented in Appendix 3 and summarised below. The summary reports on the frequency of types of responses, and reviews the comments.

It was intended to compare the findings of this survey with those of the pre project survey. We were unable to obtain a numerical breakdown of the responses to the pre project survey, and were uncertain of the relative importance of the issues described in the pre-project survey report. Our report therefore includes only a general comparison of the findings of this survey with those of the previous one.

### 6.3.1 Contacts with the Bathurst Office

87% of the key informants had had personal contacts with the Bathurst office over the previous year. However 59% had also had personal contact with the Saint John office. Contacts were most likely to be by phone (91%) followed by mail (64%). Less than 5% had actually made a visit.

### 6.3.2 Satisfaction with contacts

77% of the key informants who had had contact were either satisfied or very satisfied with the service received.

90% of the 19 key informants who reported on their telephone contacts found it easy to get through to the office. 74% reported they got to talk to the person they wanted to, and 79% were satisfied or very satisfied with the answers given.

Of the 11 key informants who reported on contact by letter, 55% received answers to correspondence in about the time they expected, and 55% were satisfied with the answers given. 45% were either dissatisfied or neutral regarding the answers given.

### 6.3.3 Service Expectations

83% of respondents felt the telephone should be answered within 4 rings.

74% felt calls should be returned within a day, and 96% within 2 days.

Waiting time for appointments should be less than 15 minutes, according to 83% of respondents. However, 50% stated a wait of longer than 30 minutes was reasonable for visits without appointments.

48% thought correspondence should be answered within 5 business days, but an equal proportion allowed 10 business days.

### 6.3.4 Health Care Services

Almost half of the survey respondents did not feel able to rate the services of the Bathurst WCB physician. Of the 12 who did, 50% rated the quality of the services as good or very good and 50% were neutral. 34% were satisfied or very satisfied with the amount of services, and 46% were neutral.

Of the 12 respondents who rated the Bathurst physiotherapy clinic, 58% thought it was good or very good and the same proportion were satisfied or very satisfied with the amount of service provided. However, 64% were neutral regarding the amount of time it took to get an appointment at the physiotherapy clinic, with only 3 respondents (27%) reporting satisfaction.

Regarding quality of services provided by the Workers' Rehabilitation Centre, 67%of those who rated this service found it good to very good. The same proportion were satisfied or very satisfied with the amount of services provided by the WRC, while 50% were satisfied or very satisfied with the amount of time it took to get an appointment there.

Half of the respondents who rated other specialised medical services in the area considered them good, 38% rated them as poor or very poor and the remainder were neutral. Only 21% were satisfied or very satisfied with the amount of specialised medical service available, and 35% were satisfied or very satisfied with the time it took to get an appointment.

Of the six physicians in the key informant sample, 5 or 83% primarily referred injured workers for local treatment rather than to the WRC.

Thus, of the health care services addressed, satisfaction ratings were highest for the Workers' Rehabilitation Centre and lowest for "other specialized medical services".

### 6.3.5 Vocational Rehabilitation

Only 8 (34%) of the key informants had had contact with the vocational rehabilitation counsellors at the Bathurst office. Nevertheless, 16 key informants felt able to rate the quality of Vocational Rehabilitation counselling in the area, and of these 33% rated it as good or very good.

### 6.3.6 General Service Issues

77% of respondents answering the question said it was easy to figure out who to contact in the Bathurst office. 80% found the Bathurst office staff polite, 82% found them helpful, 81% agreed that they were knowledgeable, 81% agreed that they were easy to understand, 55% felt their needs were understood.

58% thought the printed material put out by the Bathurst office was clear. and 73% found the site convenient. 86% of those who replied agreed or strongly agreed that they were treated fairly by the office.

No respondents reported language problems in dealing with the office.

76% of those who had an opinion thought the Bathurst office had provided adequate service to its region. and 71% were of the view more services were being provided.

## 6.4 Comments

The most persistent theme in the comments made by key respondents regarding any of the service issues was the need for more communication. A wish for feedback on reports was expressed a number of times, and this was with reference to physician reports, physiotherapy reports, and claims in general. Need for more information about both services and treatments available was also cited several times. Open houses and personal tours were suggested.

The fact that on many of the issues raised, respondents either did not know the answer or were neutral, reaffirms the need for communication and public relation.

Regarding vocational rehabilitation, the relatively low levels of satisfaction were due to a general skepticism about the effectiveness of the current programs rather than the counsellors themselves.

Complaints re slowness of payments were raised several times.

Specialty and rehab treatment services, though improved, were still felt to be less than ideal especially for the Miramichi region.

On the positive side, respondents generally found the regional site a great improvement in terms of convenience and practicality. Most respondents cited better relationships, whether they were employers, injured workers groups, or physicians. Investigations and response time in general was found to be faster.

## 6.5 Conclusion

As with the comparison of claims process, the length of time before acceptance of a claim emerged as a problem.

Work plans and audits of the Bathurst office should particularly address any of the indicators in this survey which received a satisfaction rating of less than 75%.

# 7 Client Survey

## 7.1 Research Objectives

At the request of Applied Management Consultants, Baseline Market Research Ltd. (Baseline) completed a telephone survey of 150 claimants of Workers' Compensation. This survey was designed to measure any differences in services resulting from the opening of the Regional Office of the Workers' Compensation Board in Bathurst.

For the purpose of this survey of claimants, the measures of service were collaboratively defined by Applied Management and Baseline, and they are reflected in the questionnaire used for this study (see Appendix 4.)

## 7.2 Methodology

In order to measure claimants views on services provided, Baseline recommended a stratified sampling of 150 claimants. The respondents were drawn from a total listing of 300 names supplied through the Bathurst office of the WCB. Each name was randomly selected from all possible claimant names which were stratified on the following basis (using Baseline's categorization for each strata):

- Bathurst Only: A group which consisted of only those claimants who had received services through the Bathurst office.

- Saint John Only: A group which consisted of residents from the Bathurst service area who had received the services through the Saint John office of WCB (except for the administrative details which may have been carried out through the Bathurst office prior to 1990).

- Both: A group of claimants who had received services through both the Bathurst and Saint John offices of the WCB.

A claimant's referral to :he Workers' Rehabilitation Centre in Saint John was not a consideration in the design of these strata - claimants from any of these groups may have been referred to that Centre.

Baseline's interview staff completed all interviews between February 15 and February 28, 1992. The following table summarizes the calls required to complete the required interviews:

| Contact Summary | |
|---|---|
| Total Names Available | 300 |
| Actual Contacts | |
| Numbers not in service | |
| Claimants unavailable | |
| Names Contacted | |
| Less refusals | |
| Total Completed Interviews | 150 |
| Response Rate (Names contacted/completions) | |

The following information provides a summary of the key findings from this survey of claimants.

## 7.3 Research Findings

### 7.3.1 Respondent Profile

| Language | % |
|---|---|
| English | 39 |
| French | 58 |
| Bilingual since birth | 3 |

| Gender | % |
|---|---|
| Female | 27 |
| Male | 73 |

| Age | % |
|---|---|
| <25 | 5 |
| 25-34 | 21 |
| 35-44 | 29 |
| 45-54 | 37 |
| 55-64 | 8 |

### 7.3.2 Perceptions of Initial Steps in the Process

All claimants were asked how long a time there was between their departure from the workplace because of an injury or illness and their first direct contact, either in person or by telephone, with a staff person from WCB:

- 32% had contact with WCB within a few days
- 42% had contact within a few weeks
- 27% had contact within a month or more.

There were differences in the perceptions of claimants related to initial contact in the different offices as demonstrated in the following table:

| Perceptions of Initial Contact | | | |
|---|---|---|---|
| Initial Contact | Bathurst | Saint John | Both |
| Within a few days | 36% | 44% | 14% |
| Within a few weeks | 31% | 42% | 54% |
| At least a month | 33% | 15% | 33% |

The average length of time which elapsed between a workplace injury and receipt of the first compensation cheque (for all claimants) was 6.2 weeks. The following summarizes the average time for each type of claimant group:

| Weeks Between Injury and Compensation | | | |
|---|---|---|---|
| Initial Contact | Bathurst | Saint John | Both |
| Average weeks | 5.76 | 5.85 | 7.08 |
| Standard deviation | 2.40 | 5.89 | 7.34 |
| Total cases | 42 | 42 | 46 |

All respondents were asked if they had been advised by WCB staff that their case would be assessed and an overall plan developed to help them return to the workplace. According to respondents:

- 33% were advised that such an assessment would be carried out
- 61% were not advised of such an assessment
- 7% did not know if they had been advised.

Among those who were advised that an assessment was being carried out (33%), 62% felt that the assessment and plan was completed within a reasonable amount of time.

The following table provides a summary of the overall evaluation of the services each received from the different WCB offices in the first few weeks of contact.

| Level of Satisfaction | | | | | |
|---|---|---|---|---|---|
| Measure | Clients | Very Satisfied | Somewhat Satisfied | Not Very Satisfied | Not at All Satisfied |
| Satisfaction with the way in which WCB staff responds to respondents' situations | All Clients | 40% | 35% | 12% | 13% |
| | Bathurst | 35% | 29% | 17% | 19% |
| | Saint John | 48% | 33% | 6% | 13% |
| | Both | 37% | 43% | 12% | 8% |
| Satisfaction with the time required between the leave from the workplace and receipt of the first check | All Clients | 28% | 28% | 18% | 26% |
| | Bathurst | 25% | 27% | 19% | 29% |
| | Saint John | 31% | 24% | 13% | 31% |
| | Both | 27% | 33% | 23% | 17% |
| Satisfaction with being able to reach the right person to talk to at WCB | All Clients | 43% | 34% | 8% | 16% |
| | Bathurst | 33% | 12% | 28% | 27% |
| | Saint John | 55% | 30% | 7.5% | 7.5% |
| | Both | 42% | 42% | 7% | 10% |
| Satisfaction with how respondents were kept informed about actions on their claims | All Clients | 32% | 39% | 16% | 13% |
| | Bathurst | 31% | 42% | 12% | 16% |
| | Saint John | 41% | 27% | 21% | 11% |
| | Both | 26% | 49% | 15% | 11% |

### 7.3.3 Evaluation of all Contact

In addition to the assessment of initial contact, each claimant was also asked for their impressions concerning their level of satisfaction with the actions or reactions of staff at the particular office with which they conducted business in relation to their WCB claim. The following table summarizes that evaluation:

| | | | Level of Satisfaction | | | |
|---|---|---|---|---|---|---|
| Measure | | Clients | Very Satisfied | Somewhat Satisfied | Not Very Satisfied | Not at All Satisfied |
| Satisfaction with staff response to calls | Saint John | All Clients | 48% | 34% | 12% | 6% |
| | | Saint John | 46% | 36% | 13% | 5% |
| | | Both | 50% | 32% | 10% | 8% |
| | Bathurst | All Clients | 53% | 25% | 8% | 14% |
| | | Bathurst | 53% | 23% | 10% | 14% |
| | | Both | 51% | 26% | 7% | 16% |
| Satisfaction with the travel distance | Saint John | All Clients | 29% | 21% | 23% | 27% |
| | | Saint John | 32% | 29% | 21% | 18% |
| | | Both | 27% | 14% | 24% | 35% |
| | Bathurst | All Clients | 53% | 26% | 10% | 11% |
| | | Bathurst | 44% | 29% | 11% | 16% |
| | | Both | 59% | 24% | 10% | 7% |
| Satisfaction with the way appointments with staff are scheduled | Saint John | All Clients | 42% | 44% | 8% | 6% |
| | | Saint John | 38% | 54% | 4% | 4% |
| | | Both | 46% | 36% | 11% | 7% |
| | Bathurst | All Clients | 58% | 30% | 3% | 9% |
| | | Bathurst | 57% | 32% | 3% | 8% |
| | | Both | 58% | 29% | 3% | 10% |
| Satisfaction with being able to have information when it was needed | Saint John | All Clients | 46% | 36% | 14% | 4% |
| | | Saint John | 46% | 42% | 7% | 5% |
| | | Both | 44% | 31% | 22% | 3% |
| | Bathurst | All Clients | 50% | 37% | 8% | 5% |
| | | Bathurst | 46% | 40% | 8% | 6% |
| | | Both | 50% | 38% | 7% | 5% |

| Level of Satisfaction | | | | | | |
|---|---|---|---|---|---|---|
| Measure | | Clients | Very Satisfied | Somewhat Satisfied | Not Very Satisfied | Not at All Satisfied |
| Satisfaction with being able to reach the required person | Saint John | All Clients | 46% | 39% | 7% | 8% |
| | | Saint John | 50% | 42% | 3% | 5% |
| | | Both | 42% | 37% | 10% | 11% |
| | Bathurst | All Clients | 47% | 32% | 4% | 17% |
| | | Bathurst | 48% | 31% | – | 21% |
| | | Both | 44% | 35% | 7% | 14% |

The process of data analysis provided for a comparison of the two ratings claimants provided for each of the offices with which they had contact. Additionally, each claimant was asked too if there had been a difference in the services they received from the Bathurst and Saint John offices. This information is summarized in the following tables.

| Level of Satisfaction | | | | | |
|---|---|---|---|---|---|
| Measure | Office | Very Satisfied | Somewhat Satisfied | Not Very Satisfied | Not at All Satisfied |
| Satisfaction with speed of staff response to calls | Saint John | 50% | 33% | 10% | 7% |
| | Bathurst | 51% | 27% | 7% | 16% |
| Satisfaction with the travel distance to service | Saint John | 27% | 14% | 24% | 35% |
| | Bathurst | 59% | 24% | 10% | 7% |
| Satisfaction with the way appointments with staff were scheduled | Saint John | 46% | 36% | 11% | 7% |
| | Bathurst | 58% | 29% | 3% | 10% |
| Satisfaction with being able to have information when it was needed | Saint John | 44% | 31% | 22% | 3% |
| | Bathurst | 50% | 38% | 7% | 5% |
| Satisfaction with being able to reach the required person | Saint John | 42% | 37% | 11% | 10% |
| | Bathurst | 44% | 35% | 7% | 14% |

| Perceived Differences Between Offices | | | |
|---|---|---|---|
| Was there a difference in | The Bathurst Office Was Better | The Saint John Office was Better | No Differences |
| Staff response to calls | 27% | 24% | 50% |
| The travel distance to service | 84% | 9% | 6% |
| The way appointments with staff were scheduled | 84% | 3% | 13% |
| Having information when it was needed | 58% | 21% | 21% |
| Satisfaction with being able to reach the required person | 54% | 20% | 26% |

| Awareness of Proposed Changes to WCB | |
|---|---|
| | % |
| Yes | 5 |
| No | |

| Opinion of Those Who Had Heard | |
|---|---|
| | % |
| Much improvement | 3 |
| Some improvement | 28 |
| Little improvement | 17 |
| No improvement | 52 |

*Appendix 1*

*Comparison of Claims Process*

*Data Collection Instrument*

## *Appendix 2*

## *Comparison of Claims Process Findings*

*Appendix 3*

*Survey of Key Informants*

*List of Interviews*

*Summary of Findings*

*Appendix 4*

*Client Satisfaction Survey*

*Questionnaire*